

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/769,404

FILING DATE

APPLICATION

3-23-04 7-3004		CLAIMS					
	ORIGINAL		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				51
2		/		/			52
3		/		/			53
4	/	/	/	/			54
5	/	/	/	/			55
6	/	/	/	/			56
7		/		/			57
8		/		/			58
9		/		/			59
10		/		/			60
11		/		/			61
12		/		/			62
13		/		/			63
14		/		/			64
15	/	/	/	/			65
16	/	/	/	/			66
17	/	/	/	/			67
18	/	/	/	/			68
19	/	/	/	/			69
20		/		/			70
21		/		/			71
22	/	/	/	/			72
23	/	/	/	/			73
24	/	/	/	/			74
25	/	/	/	/			75
26	/	/	/	/			76
27	/	/	/	/			77
28	/	/	/	/			78
29	/	/	/	/			79
30	/	/	/	/			80
31							81
32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	6	0	4	0			TOTAL IND.
TOTAL DEP.	12	0	13	0			TOTAL DEP.
TOTAL CLAIMS	18		17				TOTAL CLAIMS

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS